Food Establishment Inspection Report – City/Town of Establishment: Dudley S Date: Page 1 of Address: Time in: Time out: Telephone: Number of Violated Provisions Related Permit No.: to Foodborne Illness Risk Factors Owner: trancis Dudley and Interventions (Items 1 through 29): Person-in-charge: Francis Number of Repeat Violations Related to Foodborne Illness Risk Factors Inspector: and Interventions (Items 1 through 29): FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS IN = in compliance OUT= out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation Compliance Status IN OUT N/A N/O COS R Compliance Status IN OUT N/A N/O COS R Supervision **Protection from Contamination** Person-in-charge present, demonstrates 15 Food separated and protected knowledge, and performs duties Food-contact surfaces; cleaned & 2 Certified Food Protection Manager sanitized **Employee Health** Proper disposition of returned. 17 previously served, reconditioned & Management, food employee and unsafe food conditional employee; knowledge, responsibilities and reporting Time/Temperature Control for Safety 4 Proper use of restriction and exclusion 18 Proper cooking time & temperatures Procedures for responding to vomiting Proper reheating procedures for hot 5 19 and diarrheal events holding **Good Hygienic Practices** 20 Proper cooling time and temperature Proper eating, tasting, drinking, or 21 Proper hot holding temperature tobacco use 22 Proper cold holding temperature No discharge from eyes, nose, and 7 23 Proper date marking and disposition mouth 24 Time as a Public Health Control **Preventing Contamination by Hands** Consumer Advisory 8 Hands clean & properly washed Consumer advisory provided for raw / No bare hand contact with ready-to-eat undercooked food food **Highly Susceptible Populations** Adequate handwashing sinks properly Pasteurized foods used; prohibited foods supplied and accessible not offered Approved Source Food/Color Additives and Toxic Substances 11 Food obtained from approved source Food additives: approved & properly 12 Food received at proper temperature used Food received in good condition, safe, & Toxic substances properly identified, unadulterated stored & used Required records available: shellstock Conformance with Approved Procedures tags, parasite destruction Compliance with variance / specialized process / HACCP Plan Official Order for Correction: Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590,000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or nonrenewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B). Date of Reinspection: Discussion with Person-in-Charge: Signature of Person-in-Charge: Signature of Inspector:

Form 734A-1 A.M. Sutkin Co., Charlestown, MA

Food Establishment Inspection Report - City/Town of Uxbridge

Establishment:	District	Dww	YS	099	3	Date:	/19/	/2a	Page 2 of _ S _
	G	OOD RETA	AIL PRA	CTICES	AND MASSACHU	JSETTS-ON	LY SE	CTIONS	
IN = in compliance	OUT= out o	f compliance	N/O = not	observed	N/A = not applicable	COS = correc	ted on-sit	e durina inspec	ion R = repeat violation

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Western.	Compliance Status	IN	OUT	N/A	N/O	cos	R
450	Safe Food and Water	1500			I SERVICE		
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
	Food Temperature Contro	ol					
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
	Food Identification						
37	Food properly labeled; original container						
	Prevention of Food Contamin	atio	n				
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
	Proper Use of Utensils						
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
	Utensils, Equipment and Ven	ding)				
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

	constitution of the during inspection					Cide	
	Compliance Status	1N	OUT	N/A	N/O	cos	R
48	Warewashing facilities: installed,						
L	maintained, & used; test strips						
49	Non-food contact surfaces clean						
	Physical Facilities	rio relationistica			lume		
50	Hot & cold water available; adequate pressure				1,5		
51	Plumbing installed; proper backflow devices	i e					
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained				4		
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
	Additional Requirements listed in 105	CM	R 59	90.0	11		
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
	Review of Retail Operations listed in 10	5 C	MR	590.	010		
М3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
М7	Residential Kitchen; Bed-and- Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
	Local Requirements						
	Local law or regulation						
L2	Other						

Type of Operation(s):	Type of Inspection:	Other Information:	
Food Service Establishment	X Routine		
☐ Retail Food Store	☐ Re-inspection		
☐ Residential: Cottage Foods	☐ Pre-operational		
□ Residential; Bed &	☐ Illness investigation		
Breakfast	☐ General complaint		
☐ Mobile/Pushcart	☐ HACCP		
☐ Temporary Food Estab.	☐ Other		
☐ Other			

Signature of Person-in-Charge:	Date;
Signature of Inspector:	Date: 1/10/20
Jailly Glanen	1/17/22
Form 734A-2 A.M. Sulkin Co., Charlestown, MA	, .

Food Establishment Inspection Report – City/Town of <u>Uxbridge</u> Establishment: Dudleys Dogs **Temperature Observations** Item / Location Item / Location Temp (°F) Item / Location Chilli, flot holding **Observations and/or Corrective Actions** Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code Item Section of Code Description of Violation Date to Correct By Number Ma * All meet is pre-cooked.

Signature of Person-in-Charge:	Date:
Signature of Inspector:	Date: 1/19/22
Form 734B A.M. Sutkin Co., Charlestown, MA	